

ASTDD Dental Hygienist Liaison (DHL) Project Annual Report January 1, 2024 – December 31, 2024

DHL Project membership includes:

Oral Health Leadership Team: Katrina Holt, Kathy Hunt, Bev Isman, Jenna Linden, Beth Lowe, and Gina Sharps

Regional DHL Coordinators: Heather Blair (Region I), Kathy Hunt (Region II), Katy Battani (Region III), Carla Bassett (Region IV), Jenna Linden (Region V), Beth Stewart (Region VI and VII), Patti Caress (Region VIII), Julie Stage Rosenberg (Region IX), Linda Mann (Region X), Julie Seward (Region XI), and Mariela Leyba (Region XII)

State DHLs: American Dental Hygienist Association (ADHA) member hygienists representing each state. [DHL Roster](#)

1. List any new members or subcommittee members.

There were several changes in the state DHL positions over the past year. Many have been filled, but we are currently seeking ADHA member candidates from the states of North Dakota and the western region of New York.

2. Describe the purpose of your committee.

The Office of Head Start-funded National Center on Health, Behavioral Health, and Safety's (NCHBHS's) oral health partners, the National Maternal and Child Oral Health Resource Center and the Association of State and Territorial Dental Directors, provide training and technical assistance to Head Start programs across the United States. One key activity is the DHL project, which is administered with assistance from the American Dental Hygienists' Association (ADHA). Under the DHL project, one dental hygienist from each state (two in CA and NY), U.S. Virgin Islands, and the District of Columbia volunteer to help promote oral health for expectant parents and children enrolled in Head Start, serving as a communication link between NCHBHS and Head Start programs. [Click for more information on this project.](#)

3. List your committee accomplishments for the last calendar year.

National highlights for this past year include:

- Presented roundtable “Giving Children a Head Start: How You Can Help Improve Oral Health for Head Start Participants” at the National Oral Health Conference (NOHC) in St. Louis, MO.
- Exhibited at the ADHA conference in New Orleans, LA in July.
- Hosted DHL gatherings at NOHC and ADHA conferences.
- Regional DHL coordinators (RDHLC) provided mentorship to state DHLs in their region and served as a contact for regional Head Start staff.
- Planned and facilitated the RDHLC annual meeting in Milwaukee, WI in August.
- Communicated with interim ADHA leadership about future collaboration efforts.
- DHLs gave 32 presentations to 1075 participants including Early Head Start program and Head Start program staff, early childhood professionals, and oral health professionals.

With more than 60 participants in the DHL project, excellent communication is essential. The following strategies were used to ensure that everyone is kept well-informed:

- Provided an active DHL discussion List with 116 postings.
- Hosted [DHL webpage](#) on ASTDD’s website and updated it regularly. It contains critical resources that DHLs use frequently regarding the DHL project, Head Start, and links to approved oral health materials.
- Participated in bi-monthly calls with Head Start Regional Health Specialists.
- Held calls with RDHLCs on a quarterly basis and leadership calls twice a month.
- Held individual annual check-in calls with all twelve RDHLCs.
- Convened an in-person annual meeting with RDHLCs and the oral health leadership team.
- Conducted the 2024 DHL annual assessment to gain feedback on their DHL role and ways that the RDHLCs and the oral health leadership team can help support their efforts. Results include:
 - 37% of DHLs reported they receive 1-2 requests per quarter from Head Start programs to provide presentations or technical assistance, attend meetings, or to share resources. In addition, 18 % of DHLs reported an even higher volume of requests, ranging from 3-4 to 5 or more requests per quarter.
 - DHLs reported a variety of positive practice changes as a result of their involvement with the DHL project. Program practice changes included:

- 20% increased access to oral health care
- 20% established or changed a policy or procedure related to toothbrushing in the Head Start classroom
- 12% included oral health practices as part of a staff Wellness program.
- 10% utilized PIR data to improve referral and/or tracking systems
- 7% established or changed a policy or procedure on oral hygiene practices for infants and children
- 7% incorporated a social media campaign into educational programming and messaging
- DHLs report that the most rewarding aspects of being a DHL are:
 - Providing assistance by getting involved, giving back, and making a difference in their communities
 - Providing expertise in a manner that is practical for families to adopt and incorporate into their daily lives
 - Increasing oral health awareness
 - Improving access to care
 - Connecting/networking with other DHLs

Key Quote

“I absolutely love being in this position, anything that I can do to help bridge the gap for access to care is so rewarding to me.”

Professional development and skill building keep DHLs engaged and confident in their ability to support Head Start programs. Here are some of the opportunities that DHLs participated in during 2024:

- Four one-hour webinars. Topics included a review of the new Head Start health manager orientation guide, minimally invasive dentistry for pediatric patients, oral health and disabilities, and how to enhance oral health through Head Start health manager networks. All webinars were recorded and archived on the DHL webpage.
- Many of the RDHLCs hold quarterly calls with the state DHLs in their regions, where they share information and ideas and respond to questions.

4. Describe the future activities planned by your committee.

In addition to the above-mentioned activities, the DHL project will spend 2025:

- Recruiting state DHLs and RDHLC as needed.

- Designing and revising documents and processes to improve project workflow and communications.
- Conducting DHL webinars and calls.
- Promoting the DHL project at the ADHA conference and NOHC through presentations and exhibits.

5. Describe any subcommittees your committee uses, their roles and activities.

State DHLs and RDHLCs function as subcommittees. Specific activities for their roles can be found in their At-A-Glance documents on the ASTDD [DHL webpage](#).

The state DHLs provide a variety of supports to local Head Start programs, give oral health presentations, and build relationships with state level stakeholders. Active DHLs are eligible to receive an annual expense allowance not to exceed \$590 to cover costs associated with that support including supplies, travel, and association dues.

RDHLCs provide mentoring and other support to the state DHLs in their region as well as to regional Head Start staff. They receive a quarterly stipend based on the hours spent in this role, not to exceed \$1,000 per quarter.